

NHSCR Registry Report



VOLUME 12, ISSUE 2
AUGUST 2012

NAACCR Gold Certification

NHSCR was awarded Gold Certification by NAACCR for 2009 data, and also met the CDC NPCR Standards. We would again like to thank all of our cancer registrars and cancer reporters for your continuous hard work in providing us complete, high quality data in a timely manner. Your invaluable dedication to the cancer registry field has helped us in achieving excellence in data quality, completeness, and timeliness. THANK YOU!

Update on CER Project

The purpose of the Comparative Effective Research project is to collect a special dataset on cancer diagnosis and treatment for the year 2011 only. Now that 2011 cases are all in, please continue to retransmit cases that are updated and also continue to collect the standard data items: Complications and Comorbidities, Tobacco, Height and Weight for 2012 onward.

A very large thank you to all who have collected the extra variables and transmitted them. We could not have done this without your valuable help.

On-site re-abstracting audits will begin shortly. At these site visits, NHSCR contractors and staff will review patient medical records to get additional information that might be missing on the CER cases.

DHHS & NHSCR Staff Update

Dr. Sai Cherala has left her position as NH State Cancer Epidemiologist and has moved to a research position in Massachusetts. Sai's last day at DHHS was April 12, 2012. We wish her all the best, and will try to get photo updates of her son as time goes by. DHHS is currently involved in a nationwide search to locate a new state cancer epidemiologist. In the meantime, DHHS registry oversight continues with Brook Dupee and Tom Lambert, and Becky Bukowski will coordinate the NHSCR, NH CCC, and NH Breast & Cervical Cancer Early Detection Program, the 3 components funded together through the CDC.

Lisa Oakes has accepted a position to do a different line of work at a local hospital closer to her home. Lisa's last day with NHSCR was July 27, 2012.

Both Lisa and Sai will be missed, and we wish both all the best in their new endeavors.

NHSCR Advisory Committee

The NHSCR Advisory Committee met at the annual NH CCC meeting in Concord, NH on March 21, 2012. NHSCR provided updates on NHSCR projects. DHHS provided updates on the Health Information Exchange, Environment Public Health Tracking. We also discussed the possibility of using Vital Records, Hospital Discharge Data, and Nursing Home Data for casefinding and case completeness. The next meeting will be held again in conjunction with the NH CCC meeting in 2013.

Save the Date! NHSCR Educational Meeting—September 21, 2012

We will be hosting an educational meeting on Friday, September 21, 2012 at the Elliot Hospital in Manchester, NH. Guest speakers include: Dr. Ponn, CoC Physician Liaison; Cheryl Sheridan from METRIQ; and Tom Lambert from DHHS. NHSCR is celebrating its 25th anniversary this year so we will have cake! More information will be made available as soon as the agenda is finalized. In the meantime, please mark your calendars.

Quality Assurance Activities

GenEdits

Hello everyone! Was this not a wonderful summer? I ended mine with a camping trip to Kennebunkport, ME. The ocean was beautiful and I managed to not have anything stolen by a seagull this time.

Here at work I enjoy doing the GenEdits, probably because you learn quite a lot and have a variety of sites to work with. I have to say I was impressed by our latest version of CS (v02.04) with regards to the prostate. Note 3 for Extension, clinically apparent versus inapparent, I found to be helpful. The correlation between Extension, TS/Ext Eval, and SSF 3 are worth a look at if you hadn't already done so.

Breast has some words to watch for: with and without. Look for these in TS/Ext Eval and LN Eval and make sure to match SSF 21 to the theme of the story. At least that is how I look at an abstract in both the text and the CS; it is a short factual story of the patient's battle with cancer. The text just needs to back up what was stated in the CS. It does not need to be a copy and paste of what the pathologist had to say.

-Pam Whitney

Text, Text, and more TEXT

At national meetings this summer, we were informed by NPCR of the new audits for central registries. A BIG aspect of these new audits will be the quality of text. That is correct....TEXT. Individual source records, abstracts as reported by individual hospitals, will be reviewed to ensure that coded fields are substantiated by TEXT. We will be providing more information on the new NPCR audits at our September meeting. In the meantime, remember the rule of thumb: a registrar should be able to code all fields of any given case with text that is provided on the abstract.

Coding Tip—Common Error

An abstracting error that we see fairly often at NHSCR is miscoded biopsies of regional lymph nodes. When a regional lymph node is biopsied, the procedure needs to be coded in the "*Scope of Regional Lymph Node Surgery*" field and not in the "*Surgical Diagnostic and Staging Procedure*" field. For example, if a patient with lung cancer undergoes a biopsy of a palpable supraclavicular lymph node, that biopsy should be coded in the "*Scope of Regional Lymph Node Surgery*" field as either "1" (biopsy or aspiration of regional lymph nodes, NOS) or "4" (1-3 regional lymph nodes removed) depending on the type of biopsy. It should not be coded "01" (biopsy done to a site other than the primary site) in the "*Surgical Diagnostic and Staging Procedure*."

For complete coding instructions, refer to the FORDS manual, pages 126-127, "*Surgical Diagnostic and Staging Procedure*" and pages 215-217 "*Scope of Regional Lymph Node Surgery*."

Closing DX Years 2010 & 2011

We are now working on closing out years 2010 and 2011. You will soon receive follow-back forms for death clearance and rapid/definitive matching for both these years. If you have any straggler 2010 and 2011 cases, please submit them by October 31, 2012. It is imperative that we have both years completed by then so that we have time to process them for the annual Call-for-Data due in November. We are very close to completion. As of June 30, 2012, registry hospitals were 90% complete for 2011 cases.

File Uploading in WebPlus

Periodically, we upload files to our reporters via WebPlus. Please don't forget to check your Download Files to see if you received any correspondence from us.

NAACCR Webinar Series

We are happy to announce that we will once again make available the NAACCR webinar Series. The 2012-2013 series will begin soon.

- 10/4/12 Collecting Cancer Data: Stomach and Esophagus
- 11/1/12 Collecting Cancer Data: Uterus
- 12/6/12 Collecting Cancer Data: Pharynx
- 1/10/13 Collecting Cancer Data: Bone and Soft Tissue
- 2/7/13 Collecting Cancer Data: Central Nervous System
- 3/7/13 Abstracting and Coding Boot Camp: Cancer Case Scenarios
- 4/4/13 Collecting Cancer Data: Breast
- 5/2/13 Collecting Cancer Data: Bladder and Renal Pelvis
- 6/6/13 Collecting Cancer Data: Kidney
- 7/11/13 Topics in Geographic Information Systems
- 8/1/13 Cancer Registry Quality Control
- 9/5/13 Coding Pitfalls

Please consider hosting one or more of these sessions. To do so, contact Maria Celaya at 603-653-6621.

Industry and Occupation

NPCR in collaboration with NIOSH has produced a training module for the collection of occupation and industry by cancer registries. Those who complete the training are eligible for 1.5 CEUs from NCRA.

<http://www.cdc.gov/niosh/topics/coding/courses/cancer>

NAACCR Fast Stats

NAACCR Fast Stats is an interactive tool for quick access to key US cancer statistics for major cancer sites by age, sex, race/ethnicity, registry and data type. Incidence data is available for 2005-2009, and statistics are presented as graphs and tables. Visit <http://faststats.naacr.org> to check out this tool.

NPCR Success Stories

Every year, each state submits at least one story that emphasizes their central cancer registry's contributions that have impacted public health. This summer NPCR displayed individual state stories throughout the 2012 CDC National Cancer Conference held August 21-23, 2012 in Washington, DC. These success stories help CDC respond to requests from Congress, validate the importance of cancer registry data, and help develop innovative methods for the sharing of data.

In this newsletter, we provide NH's success story, which was done in collaboration with the NH Comprehensive Cancer Control program. We encourage all our state registrars to become involved with the NH Comprehensive Control Collaboration. For more information, please visit their website at: www.nhcancerplan.org

And, if you have a success story of your own on how your registry has had an impact on your community, we would love to hear from you!

Registry Resources: New Releases and Updates

FORDS: Revised for 2012

You may already know that the new FORDS for 2012 has been released and is effective with cases diagnosed in year 2012. Please continue to check the CoC website as revisions have been posted.

<http://www.facs.org/cancer/coc/fordsmanual.html>

NHSCR is in the process of reviewing FORDS and updating it to include NH-specific requirements. We will present the major changes in this new manual at our September meeting.

2012 Hematopoietic Database and Manual

The 2012 Hematopoietic Database and Manual were posted on the SEER website in early May 2012. These resources are effective with cases diagnosed as of 1/1/12. Note that there are two ways to access the database – the stand-alone version and the web-based version. Visit the SEER Hematopoietic Project website at <http://seer.cancer.gov/tools/heme/>. For the online version, click on *2012 Hematopoietic & Lymphoid Database and Manual* towards the middle of the page.

Release of the New Registry Plus Online Help

CDC has released the new version of Registry Plus Online Help (RPOH). This free, easy-to-use resource provides online versions of many manuals, including FORDS, Collaborative Stage v02.04, SEER coding manual, and MP/H rules. The manuals within RPOH are cross-referenced, indexed, and context-linked to make information readily available. The new version of RPOH is available at www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm.

Updated SEER Rx

SEER has updated the SEER*RX tool. This tool is now a new method of accessing drug treatment information online. It can be accessed at

<http://seer.cancer.gov/tools/seerrx/>. The previous stand-alone version 1.5.0 will work until the user updates to the new 2.0.0 version. SEER hopes to discontinue the download version and only have the web-based application, but it is not expected to happen for some time. The benefit to web-based apps is that updates will be documented in real-time. This new database structuring will address some of the problems encountered with the previous stand-alone database downloading.

Important Dates—NHSCR Calendar 2012

- 9/21 NHSCR Annual Educational Meeting
Elliot Hospital, Manchester, NH
- 10/4 Webinar: Stomach & Esophagus
- 10/29-37th CRANE Annual Educational Meeting, Rocky Hill, CT (<http://craneweb.org/>)
- 10/30 Quarterly Completeness Reports
- 11/1 Webinar: Uterus
- 11/4 Daylight Savings Time ends
- 11/22 Thanksgiving Holiday
- 11/23 Day after Thanksgiving Holiday
- 12/1 NAACCR/NPCR Call-for-Data 2010 DX Year
- 12/6 Webinar: Pharynx
- 12/24-12/31 Christmas Holiday & Winter Break

2013

- 1/1 New Year's Day Holiday
- 1/10 Webinar: Bone and Soft Tissue
- 1/31 Quarterly Completeness Reports
NPCR CSS Submission – 12 month
DHHS Final 2010, 95% complete
DHHS Provisional 2011, 95% complete for NH only

Observances 2012

September

- Childhood Cancer Awareness Month
www.curesearch.org
- Leukemia and Lymphoma Awareness Month
www.lls.org
- Ovarian Cancer Awareness Month
www.ovarian.org
- Prostate Cancer Awareness Month
zerocancer.org

October 2012

- National Breast Cancer Awareness Month
www.nbcam.org

National Program Cancer Registries: NH Success Story

Colorectal Cancer Screening Small Media Campaign

New Hampshire Cancer Registry data show that 62% of colorectal cancers diagnosed in 2007 were in the 65 and older age group. Similarly, among 102 late stage colorectal cancers diagnosed in 2007, 63 (62%) were in this same age group. Dr. Stefan Holubar, a colorectal cancer surgeon participating in the Medical Advisory Board (MAB) for the New Hampshire Colorectal Cancer Screening Program (NHCRCSP), stated, "It can be frustrating to remove what could have been potentially preventable advanced colon cancers in older patients who have never had their colonoscopy." While much attention has been paid to screening individuals when they turn 50, very little has been done to educate the 65+ population, and the message is not clear that people still need screening at least until their mid seventies.

Based on the registry data and input from the MAB, the group decided to design small media, posters, flyers, etc to encourage screening in this older age group. Funding was secured from the New Hampshire Comprehensive Cancer Collaboration, and in partnership with the Community Health Institute, NHCRCSP conducted audience testing of resources to identify messages and images that might influence New Hampshire residents aged 65 and older to get colorectal cancer screenings. The focus groups were selected from counties with low screening rates, identified via the NH Behavioral Risk Factor Surveillance Survey.

Key findings of the focus groups were:

- Participants reported a heavy reliance on their doctor to recommend screening, and tend to assume it is not necessary if the doctor does not promote the test
- Older patients can have many doctors and may get different recommendations for colorectal cancer screening from different specialists
- In the messages they reviewed, participants did not like the use of the word "provider" but preferred "doctor"; they preferred pictures that emphasized relationships and familiar connectedness



Participants believed that posters and flyers would be most effective if they included their doctor's name. All of the images and messages that have been designed are now freely available on the Centers for Disease Control and Prevention's "Make It Your Own" website <http://miyo.gwb.wustl.edu/> for adaptation and use by any colorectal grantee across the country.

In New Hampshire, a blast email is planned to inform healthcare organizations and senior centers that the materials are available and can be customized with their logos. There is also some funding for assisting them with printing if they do not have that capacity.

This project demonstrates the implementation of public health interventions based on registry data. Future efforts will assess use of the small media and screening rates in older residents of NH.



603-653-6630

Courier Address:

46 Centerra Parkway,
Suite 102
Lebanon, NH 03766

Mailing Address:

P.O. Box 186
Hanover, NH 03755

NHSCR
P.O. Box 186
Hanover, NH 03755

NHSCR Staff

Judy Rees, BM, BCh, PhD
Director
603-653-3683
Email: judith.rees@dartmouth.edu

Maria Celaya, MPH, RHIT, CTR
Assistant Director, Field Operations
603-653-6621
Email: maria.o.celaya@dartmouth.edu

Bruce L. Riddle
Office Manager, Computer Operations
& Data Analysis
603-653-6620
Email: bruce.riddle@dartmouth.edu

State Cancer Epidemiologist
vacant

Claire E. Davis, BA, CTR
Senior Registrar
603-653-6622
Email: claire.e.davis@dartmouth.edu

Pamela A. Whitney, CPC-A, CPht
Cancer Registrar
603-653-6624
Email: pamela.whitney@dartmouth.edu

NHSCR on the Web

Please visit at: <http://dms.dartmouth.edu/nhscr/>
We continuously aim to improve the NHSCR website. Suggestions are welcome!

The state website for New Hampshire cancer data is:
<http://www.dhhs.nh.gov/DHHS/HSDM/cancer-data.htm>

WE NEED RAPIDS AND DEFINITIVES EACH AND EVERY MONTH!

Data transmissions should be made at least once a month. The simplest way to transmit is via the website. There's no zipping and it's secure. If you need help, please contact Bruce Riddle at 603-653-6620. He's always happy to help with sending your cases in!

This project was supported in part by the Centers for Disease Control and Prevention's National Program of Cancer Registries, cooperative agreement U58/DP0003930-01 awarded to the New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Statistics and Informatics, Office of Health Statistics and Data Management. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or New Hampshire Department of Health and Human Services.